## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE 10/531643 FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER AFTER AS FILED 1"AMENDMENT 2 - AMENDMENT I"AMENDMENT 2 - AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. Gi. 27 <del>79</del> ; TOTAL IND. TOTAL IND TOTAL DEP TOTAL DEF TOTAL TOTAL CLAIMS CLAIMS

PTO - 1360 (REV. 11/04)

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